APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD Disks:: Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Attorney Docket Number::

Title::

AN ELECTRIC GRILL

016660-181

Request for Early Publication?::

No No

No

Request for Non-Publication?:: Suggested Drawing Figure::

1 2

Total Drawing Sheets:: Small Entity?::

No

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers:: Secrecy Order in Parent Appl.?::

No

Applicant Information

Inventor Applicant Authority Type:: Primary Citizenship Country:: Hong Kong

Full Capacity Status::

Wai Hing Given Name::

Middle Name::

LAI Family Name::

Name Suffix::

Kowloon City of Residence::

State or Province of Residence::

Hong Kong Country of Residence::

Flat A, 2F., Block 7, Tak Chee Yuen, 88 Tat Street of Mailing Address::

Chee Avenue

Kowloon City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing

Address::

Inventor Applicant Authority Type:: Hong Kong Primary Citizenship Country::

Full Capacity Status::

Wing Chung Joseph Given Name::

Middle Name::

LAU Family Name::

Name Suffix::

Pokfulam City of Residence::

State or Province of Residence::

Hong Kong Country of Residence::

Flat 4325, 25/F., Block 43, Baguio Villa Street of Mailing Address::

Correspondence l					
Correspondence Customer Number::		21839			
Phone Number::		(703) 836-6620			
Fax Number:		(703) 836-2021			
Representative In	formation				
Representative Custo	mer Number::	21839			
Domestic Priority	Information				
Application::	Continui	Continuity Type::		nt	Parent Filin
				cation::	Date::
Foreign Priority	Information				
Country::		Application Number:		Filing Date::	Priority Claimed::
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Pokfulam

Hong Kong

City of Mailing Address::

Postal or Zip Code of Mailing

State or Province of Mailing Address:: Country of Mailing Address::

Assignee Information

Assignee Name:: Eastern Sources Housewares (Hong Kong)

Limited

Street of Mailing Address:: Unit C, 14/F., Block A, Chung Mei Centre,

15-17 Hing Yip Street, Kwun Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing

Address::